

COVERAGE REVIEW PROGRAM

The **Coverage Review Program** ensures that plan participants are receiving prescription medications that result in appropriate, cost-effective care. If you are taking any drugs that are subject to coverage review or copay review, Express Scripts will need to review additional information from your doctor before a decision can be made if they can fill the prescription medication under your plan.

The coverage review process uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and ACA guides (Affordable Care Act).

The coverage review process may be necessary:

- When the medication is not on the formulary or covered under your plan.
- When certain medications are used to treat multiple conditions

How It Works:

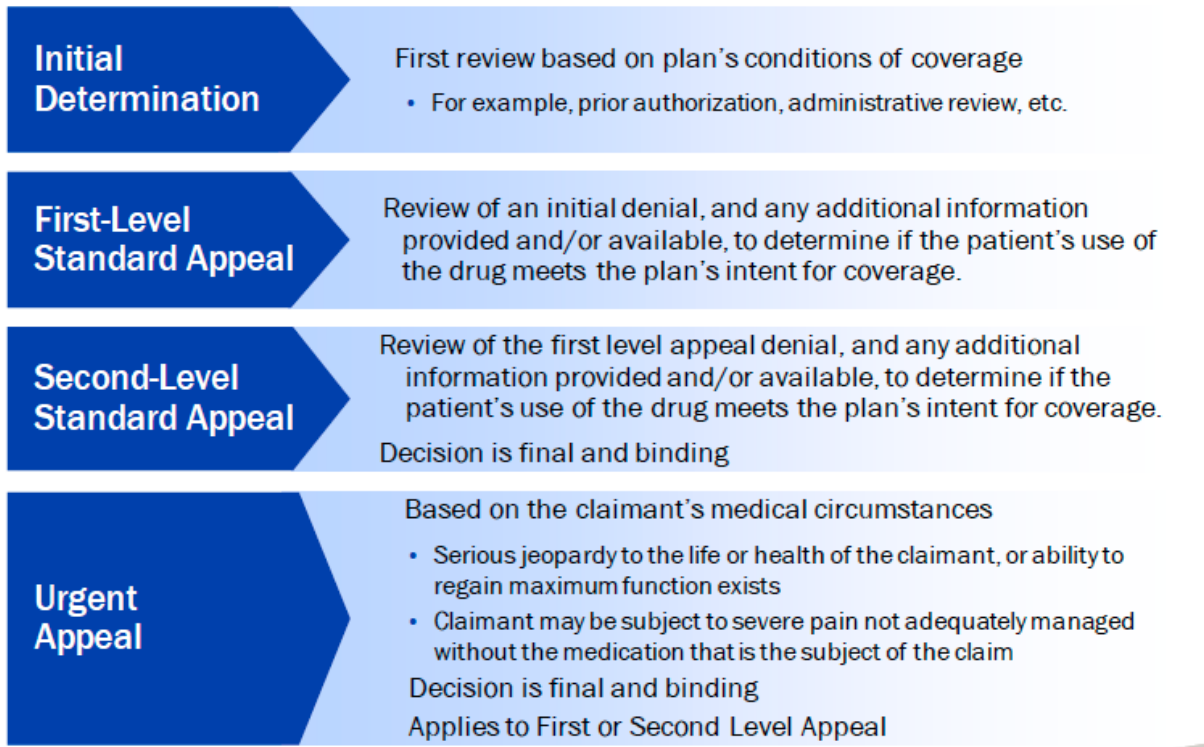
If you submit a prescription to a retail pharmacy for a medication that requires a coverage review, you, your doctor or the pharmacist can initiate a coverage review by calling Express Scripts Coverage Review Department, toll-free at 1-800-753-2851. In order to begin the coverage review process, please have available your prescribing doctor's name and fax number. Express Scripts is open 24/7.

- If you use Express Scripts Home Delivery (mail order), Express Scripts will call your doctor to start the coverage review process for you.
- The coverage review process normally takes two business days to complete upon receipt of all the necessary information from your prescribing doctor.
- Upon completion of the coverage review, Express Scripts will send you and your prescribing doctor a letter confirming whether or not the coverage review was approved or denied.
- Once approved, an approval timeframe is given for each medication depending on the medication. Once you receive your approval letter in the mail it will reference the date approved and the date the prior authorization will expire. Once that approval expires, you will need to go through the coverage process again.
- If the coverage review is denied, you and your prescribing doctor will receive a letter explaining the details of the denial and information with your rights to appeal.



About Reviews and Appeals Management

Definitions for levels of reviews and appeals



To appeal the outcome, the prescribing doctor would need to write a letter to the Coverage Appeals Department including, Patient's name, Address, DOB, patients ESI ID which is located on the ESI prescription card, group number, the name of their employer (State of Delaware) , Drug name, Drug Strength, and Drug Quantity. Please note the appeal process may take 30 days to complete from the time Express Scripts has all the necessary information from the prescribing doctor.

Your prescribing doctor may send all documentations to:

**Express Scripts
ATTN: Coverage Appeals Department
PO Box 66588
St. Louis, MO 63166-6588**

Note: All drugs listed are subject to change. If you have specific questions about the drugs and categories, please contact Express Scripts at 1-800-939-2142.

